



**Master License Service**  
Department of Licensing  
P O Box 9034  
Olympia WA 98507-9034  
Telephone: (360) 664-1400  
mls@dol.wa.gov

## BUSINESS INFORMATION CHANGE FORM

This form can be used for simple changes for your business account. *Use the Master Application form for your changes if you have business licenses that are renewed annually.* The Master License Service will contact you if additional forms or fees are required.

### ACCOUNT INFORMATION CURRENTLY ON FILE

Current UBI number (*required*): \_\_\_\_\_

Name of an owner, partner, officer or LLC manager/member: \_\_\_\_\_

Firm name (doing business as): \_\_\_\_\_

### INFORMATION TO BE CHANGED

Use this form **only** for the following changes.

☐ Cancel the following Trade Name(s): \_\_\_\_\_

*This will NOT cancel a corporation name. To add a Trade Name, use the Master Application.*

☐ Change Mailing Address to: \_\_\_\_\_

*Include street address of the mailing/payroll address city, state and zip. Cannot be used to change a Corp. Registered Agent address.*

☐ Change Location Address to: \_\_\_\_\_

*Please include street address, city, state and zip. Cannot use a PO Box or PMB as a physical/location address.*

Old Location Address: \_\_\_\_\_

☐ Change of phone number: (\_\_\_\_) \_\_\_\_\_

☐ Change Owner's Legal Name to: \_\_\_\_\_

*To change ownership structure, e.g. sole owner to corporation, or to assume an existing business, use the Master Application.*

Owner's prior name: \_\_\_\_\_

☐ Add or ☐ Remove Spouse Name: \_\_\_\_\_

☐ Close Account at: (Cannot close a corporate account with Secretary of State)

☐ Dept. of Revenue

☐ Employment Security

☐ Labor & Industries

☐ UBI Account

Other Information: \_\_\_\_\_

☐ Please mail me a new Master License.

SIGNATURE OF OWNER/OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_